Wright

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 27 1934

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

42044

File No. 1380
Registered No.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 824, Warsaw Ave. St. Ward)

2. FULL NAME Bruno Ciepolowski
(a) Residence, No. 824 Warsaw Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~DEPARTMENT~~): Julia Ciepolowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1891

7. AGE: YEARS 43 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Highway Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

FATHER
13. NAME: Joseph Ciepolowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Rose Szymanski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Julia Ciepolowski, 824 Warsaw Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.
PLACE St. Joseph, Mo. DATE Dec. 19 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, St. Joseph, Mo.

20. FILED DEC 18 1934 19 John R. Bender, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1934, to Dec. 16, 1934
I last saw him alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 7:12 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal Disease | July (?) 1934 |
| 131 / 10 / 31 | |
| Other contributory causes of importance: Hypertension | Nov (?) 1933 |

Name of operation none Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify ✓
(Signed) Gordon D. Wright, M. D.
(Address) 845 So. 19th St. St. Joseph, Mo.